

Frequently Asked Questions

April 25, 2005

1. We heard ATR-I Vouchers are being sent out. Is this true? Yes. As of Monday, April 18th, two weeks earlier than expected, BPA began admitting new clients and transferring some existing clients to ATR-I funding. BPA Care Managers are working directly with Providers at time of initial placement and concurrent review to confirm that the provider is able to comply with ATR-I contracted requirements. If so, clients are authorized for ATR-I funding at the time of initial placement and risk factor reviews. The provider will then receive an ATR-I voucher.

2. How is ATR-I being rolled out? *BPA has begun a careful one- on-one roll out by utilizing census management and the waiting lists.* Care Managers are speaking with providers regarding their readiness to perform the GPRA interviews. If an agency is prepared to conduct GPRA interviews, BPA will transfer current clients to ATR funding at the time of the risk factor review. If the provider is not yet prepared to conduct GPRA interviews, BPA will reauthorize a short time period under the Block Grant. BPA is also working with providers if they have an unfilled capacity, and will pull clients from the waiting lists. The first clients who will be authorized vouchers from the waiting list are those that are in a previously authorized level of care and have been waiting for a transfer. Clients on the waiting list who have not begun treatment under the Block Grant funding will be prioritized based on 1.) ATR-I priority population and 2.) duration on the waiting list.

3. Should providers hire new staff to ramp up for ATR-I? *BPA is not currently requesting that any provider make staff changes based on ATR-I expectations.* BPA is working on a statewide level before we can feel comfortable with encouraging provider development. ATR-I budgeting will be subject to client choice, and as such, no firm budgetary commitments can be made on a provider level. BPA will use census management principles to begin moving clients from the waiting list into treatment, and wait for more budget determinations to be made by the ATR Alliance before starting service development.

4. We understand the ATR-I requires that the client is offered a choice among treatment providers. Is that true for those clients who are currently in treatment and transferring to the ATR funding? *No.* Idaho's definition of choice among providers limits the ability to switch from one provider to another in the middle of treatment. Any movement among providers once the therapeutic relationship is established must meet specific criteria. The ability to choose a provider is not intended to encourage "provider hopping" during a treatment episode. New clients who are on the waiting list will be offered choice when they are issued an ATR-I voucher.

5. Will the clients that move from Block Grant funding to ATR funding be transferred back to Block Grant funding when it becomes available? *No.*

ATR funding goes hand in hand with the GPRA Outcomes Interview process. Once a client is established as an ATR client, it is in everyone's best interest to watch that client progress through the system and successfully complete treatment. In order to sustain funding of the Federal ATR program we must be able to measure progress. The ATR-I client will be tracked throughout their treatment episode. Switching back to Block Grant funding might look like we "lost" those clients. If a treatment episode ends (meaning discharge from the whole funding system, not transfer between levels of care), and the client presents later for a new treatment episode, a funding determination will be made at that time.

6. Are there new Releases of Information or Consent forms? Do we send copies to BPA Care Management? *There are 3 new release or consent forms for the ATR-I program.* A new Consent for Release of Information must be signed by any client requesting services from Idaho's substance abuse treatment system. This release covers the relationship between BPA, the Provider Network, and the Department of Health and Welfare for the purposes of referral, data tracking, payment and compliance monitoring. This Release of Information should replace any other that you have used for Block Grant funded services. Second, Clients should sign the Informed and Voluntary Consent for Treatment. This consent informs the client of several reasonably foreseen risks that may occur as a result of participating in treatment, and establishes their voluntary consent to receive treatment. Signed Informed and Voluntary Consent is required for all clients receiving services through the publicly funded treatment system (both Block Grant and ATR-I). Third, clients participating in the GPRA Outcomes data management project must sign Consent for Participation in Federal Data Collection. This form authorizes the Idaho treatment system to release GPRA interview data, using a unique client identifier in lieu of name or social security number, to the Federal Center for Substance Abuse Treatment. All clients who have agreed to participate in the GPRA data collection must have signed Consent for Participation.

These new forms will be required for all continuing and new clients who are funded by ATR-I. These forms can be used in the future for Block Grant clients.

These three forms, although required, do not need to be sent to BPA. Signed forms must be kept in client charts and available for inspection by BPA staff upon request. If you are currently sending in copies of the Release of Information, you can discontinue doing so at this time.

If you do not have the forms described above, you can request them from BPA care management staff.

7. How should I bill BPA? When do I start billing under ATR instead of General or PWWC? *ATR-I billing should be submitted the same way Block Grant funding was billed for. Billing should reflect the funding source based upon the dates of service of the covering authorization or voucher. Although Block Grant funding has been exhausted, there will not be a specific change over date for claims purposes. Providers should continue to bill based on the authorization or voucher that covers the service date they are billing. Providers need to make sure they transfer their clients through the care management process over to a service voucher, instead of an authorization letter. This should be done by contacting care management for a risk factor review. At the latest, providers should secure vouchers for all clients by May 15, even if current authorizations go beyond that date. A service voucher is required in order to bill ATR-I. All HCPC codes and billable amounts remain the same.*

8. When a GPRA interview is completed, how do I get it to BPA? *Until the on-line data entry system has been rolled out, providers can either fax or mail the completed interviews. Completed interviews should be sent in as frequently as administratively possible, but no less than once per week. Until the provider is entering the interview on-line, BPA suggests that a copy of the GPRA interview be kept by the provider.*

9. Will the providers be paid for conducting GPRA interviews? *Yes. GPRA interviews can be conducted by anyone who was officially trained by a GPRA trainer. Face-to-face interviews will be reimbursed at the rate of \$11.25 per interview regardless of time spent or additional interviewer qualifications.*

10. How do we bill for GPRA interviews? *Instead of billing, BPA will automatically pay for any completed face-to-face GPRA interviews we receive. No less than weekly, received interviews will be processed and paid through our same claims payment system. Client specific payment detail will be included as part of the claims remittance advice.*

11. Will a GPRA form be completed for an assessment conducted by one provider and then again when the client receives services from another provider? *GPRA interviews are to be conducted on a single time frame regardless of which provider the client is seeing at the time. When the client enters the ATR-I system, they will be given an Intake Interview. The date of this interview starts the clock for all future interviews for as long as the client is receiving state funding. When a client is assessed, the assessing provider must complete a GPRA Intake Interview. If the client enters treatment at a provider other than the assessing provider, another Intake Interview is not needed. However, 30 days from the date of the Intake Interview, the provider who is seeing the client will be responsible for conducting the first Status Interview. The schedule for continuing interviews will also be determined from the date of the original Intake Interview and that schedule will not change as the clients move throughout the state funded system.*

BPA will be working with providers to develop a reporting mechanism that will help manage the GPRA Interview schedule. Current ideas include sending the assessing provider an Interview Schedule specific to that client that would be transferred from provider to provider as the client moved through the continuum of care, or sending each provider a weekly list of all clients in treatment and their next scheduled interview date. BPA values your suggestions and will be working with providers to determine the most workable system.

12. Can providers who have been trained for GPRA Interviews begin interviewing their clients now to avoid a bottleneck on May 1? If yes, how will they be paid for the interviews? *Yes, GPRA Intake Interviews can be conducted on current Block Grant clients starting on April 18, 2005, even if an ATR-I voucher has not yet been issued. All face-to-face GPRA interviews will be automatically paid for within a week of receipt by BPA. BPA will be contacting providers to make sure all current clients have ATR-I vouchers. If a provider is unable to comply with ATR contract requirements, their clients will be transferred to ATR-I providers during the month of May.*

13. Can providers bill for the GPRA Discharge Interview? *Providers can bill for any face-to-face interviews conducted with clients. Under the best possible scenario, the GPRA Discharge Interview will be conducted as part of a formal discharge from treatment that includes a face-to-face interview of the complete GPRA tool. That complete interview is to be conducted regardless of the date of the last Status Interview. For example, if a client's regularly scheduled Status Interview was conducted July 15, and the client is being discharged from ATR funding on August 15, a complete interview should be conducted even though it is before the regularly scheduled interview. If it has been less than 30 days from the last Status Interview, the questions should still be asked looking at the last 30 days from the date the Discharge Interview is conducted.*

In the cases where a complete Discharge Interview cannot be conducted, providers should still complete the Record Management and Discharge sections of the interview and send it to BPA. Although discharge information, including the GPRA interview, is required, GPRA submissions that do not include client interviews are not reimbursable.